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**CONFIDENTIAL ATTORNEY-CLIENT
PRIVILEGED COMMUNICATION**

Date: MAY 5, 2004

To: EXAMINER AHN

U.S. PATENT AND TRADEMARK OFFICE

Fax #: (703) 872-9314

From: FRANK C. NICHOLAS

Phone #: (847) 905-7111

Client/Matter No.: PHD 99,088 (7790/352)

of Pages: 28

(including cover sheet)

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TRANSMITTAL FORM

(to be used for all correspondence after filing)

Attorney Docket No	PHD 99,088 (7790/352)
Application Number	09/763,845
Filing Date	FEBRUARY 27, 2001
First Named Inventor	CHRISTOPH HERMANN
Group Art. Unit	2634
Examiner	ARN, SAM K

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Response to a Non-Final Office Action Dated January 5, 2004	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Drawings: Replacement Sheets 1/4, 3/4 and 4/4	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> One-Month Petition for Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, ari	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed	

CALCULATION OF FEE

Small Entity					Large Entity	
	Claims After Amendment	Highest No. Previously Paid For	Present Entit	Rate	Add'l Fee	Rate
Total	Minus		0	× \$8=	0	× \$18=
Indep	Minus		0	× \$43	0	× \$86
First Presentation of Multiple Dep. Claim				-\$145	--	-\$280=
				total add'l fee	\$ 0	total add'l fee

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1803 Orrington Avenue, Suite 2000 Evanston, IL 60201
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Signature

Date May 5, 2004

May 5, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile (703) 872-9314
To the United States Patent and Trademark Office on this date:

Signature

Date May 5, 2004

FRANK C. NICHOLAS (33,983)